MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/672 726

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		/					58							
9		/					59							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							99							
49							100							
50														
TOTAL IND.	/						TOTAL IND.							
TOTAL DEP.	13	↵	↵		↵		TOTAL DEP. OR							
TOTAL CLAIMS	14													

PTO-1360 (3/78)　　　　　*MAY BE USED FOR ADDITIO...